

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010584

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAR 20 1963

042

Primary Registration District No.

1000

Registrar's No.

366

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 5117

2 5117

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4 0

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12 93-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph,</u>		c. CITY OR TOWN <u>St. Joseph,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #2</u>		d. STREET ADDRESS (If outside, give location) <u>1907 Mitchell Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MELCHIOR W. WILLIE</u>		4. DATE OF DEATH Month Day Year <u>March 15, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 29, 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Meat Inspector (Govt)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift &amp; Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Flums, Saint Gallen, Switzerland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Melchior Willie</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Umberg</u>	
14. NAME OF HUSBAND OR WIFE <u>Matilda Willie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of) <u>No</u>	
16. SOCIAL SECURITY NO. <u>4 13 9 -</u>		17. INFORMANT Son <u>Mr. George R. Willie-Mission, Kansas</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4 13 9 -</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>1. 15. 63</u> to <u>1. 15. 63</u> and last saw her/him alive on <u>3. 14. 63</u> Death occurred at <u>1. 15. 63, 10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William M. D.</u>		22b. ADDRESS <u>St. Joseph, Mo.</u>	
22c. DATE SIGNED <u>3-18-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>March 18, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar. 16, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Clark Goodell</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK.  
OR  
TYPEWRITER RIBBON

Permit issued 3/16/43

113  
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0.22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Raymond B. Moor*

Licensed Embalmer No. 5147

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.